

SE MILESTONE 1-ALTERNATIVE (RETENTION of Current Employment)

MILESTONE/SERVICE DATES: START: _____ END: _____

Client Name:	Address:	Phone Number:	Email:
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M-1 SUPPORTED EMPLOYMENT JOB RETENTION AGREEMENT

VR COUNSELOR:		VR IPE JOB GOAL:	
JOB START DATE:		DATE SUBMITTED:	
NAME OF EMPLOYER:		JOB TITLE:	
EMPLOYER ADDRESS:		JOB DUTIES:	
TELEPHONE #:		BENEFITS: <input type="checkbox"/> NONE <input type="checkbox"/> HEALTH INSURANCE <input type="checkbox"/> DENTAL <input type="checkbox"/> PAID SICK LEAVE <input type="checkbox"/> PAID VACATION <input type="checkbox"/> RETIREMENT PLAN <input type="checkbox"/> OTHER	
SUPERVISOR:			
HOURLY WAGE:	HOURS PER WEEK:		

Here is a list of job retention skills and activities that a person could need to have the ability to successfully maintain employment. Please mark the activities that would be most helpful for you and the Supported Employment Specialist to do together to help you keep your job.

<input type="checkbox"/> Job Coaching - <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	EMPLOYER INVOLVEMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> We may contact employer/supervisor about work performance <input type="checkbox"/> We may contact you at work <input type="checkbox"/> We have reviewed possible risks involved in job <input type="checkbox"/> Employer is aware of disability <input type="checkbox"/> Employer is aware of SE involvement <input type="checkbox"/> Employer Contact – _____ (# times per month):
<input type="checkbox"/> Client contact- (times per week) <input type="checkbox"/> face to face: <input type="checkbox"/> phone, email text:	
<input type="checkbox"/> Assistance learning the job	
<input type="checkbox"/> Develop transportation plan	
<input type="checkbox"/> Problem solving	
<input type="checkbox"/> Conflict resolution	
<input type="checkbox"/> Coordinate with mental health provider(s)/Symptom Management	<input type="checkbox"/> Personal/Appearance
<input type="checkbox"/> Attendance Skills	<input type="checkbox"/> Coping Skills
<input type="checkbox"/> Benefits Education/Reporting (Social Security, Housing, HHS)	<input type="checkbox"/> Other:
<input type="checkbox"/> Worksite Accommodations	<input type="checkbox"/> Other:
<input type="checkbox"/> Develop work/life balance	<input type="checkbox"/> Other:
Comments (include explanation of why Benefits Analysis was needed and person/agency who did it): 	

I verify that the information above is correct. I understand that I have a right to revoke this consent in writing if I so desire in the future.

_____	_____
Client Signature	Date
_____	_____
Supported Employment Specialist Signature	Date